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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
4 55 ~	9788 CERTIFICATE OF DEATH	(1975() . Digt. No.
Page I director filed with	1. PLACE OF DEATH o. COUNTY WOLLISTED MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Res o. STATE b. COUNTY b.	ignence before admission)
Pe de	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL of RUPAL and give negligist town)	and give nearest town)
hrs after de by the fun d 2 should	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
filled in b	3. NAME OF DECEASED (Type or print) Signal	Day Year
d withing detely s. Page	5. SEX 6. COLOR OF RACE 7. MARRIED DI NEVER MARRIED DI DIVORCED DI	IDER 1 YEAR IF UNDER 24 HRS. This Doys Hours Min.
executer nd comp n paper death.	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY). BRITHPLACE (Stote of foreign country) 12. The state of the state	CITIZEN OF WHAT COUNTRY?
an ar carbo offer	18. FATHER'S MAME 14. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME 18. MOTHER'S MAIDEN NAME	
ng physici remave 72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? To SOCIAL SECURITY NO. INFORMANT Address (If yes, give wor or dotes of service) Hone MA VIOLA HOLLING INFORMANT	Sun Helom
attending appears or within 72	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE PULMON BRY EDEMM.	INTERVAL BETWEEN ONSET AND DEATH
by the it. The it event	Conditions, if ony, which) (b) CARDIAC FAIL URE	1 mouth
requires ian. n signed nsit perm and in ar	gove rise to immediate couse (a), stating the under- lying couse lost. DUE TO CACINEXIA +/NANITION + ANEMIA	3 Non THS
e law r obysicia is been al-trans	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
AN: The sading pricate how the buring or removed.	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)	1 0
PHYSICI	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work of work 19 of work 1	(County) (Stote)
ADING hospite hospite Affer the forming, critical, criti	21. I certify that I attended the deceased fram. 179N, 1, 1960, to 1966, 13, 1860, that alive on 1966, 11, 1960, and that death accurred at 2 11 M, from the causes and on	I last saw the deceased
ATTEN by the CTOR: e detac or to bu	ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) ACTUAL M.D. 106 Bay St	DATE SIGNED
RAL DIR Shauld b	PHYSICIAN'S Robert C. La Mar, M.D. Snow Hill, Maryland	1
HOSY May be relad to FUNERAL page 3 shauther registrar	27 EURIAL, CREMATION, 2267 DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. COCATION (COMPOWN, or counterproved)	nty) (Stote)
2 2 0 0 ±	23. PUNEEN DIRECTOR'S SIGNATURE AUG 16 60 DATE DATE DATE DATE AUG 16 60 DATE	S SIGNATURE
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FOR STATE HEALTH DEPT.

TO DEN IX MEDICAL EXAMINER: This certificate should be a seculed within 24 hours after death. If A shay is necessary, please execute the certificate, writing the word "panding" in pencil in them 18. Give Pages 1, 2, and 3 to the funerel director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fife.

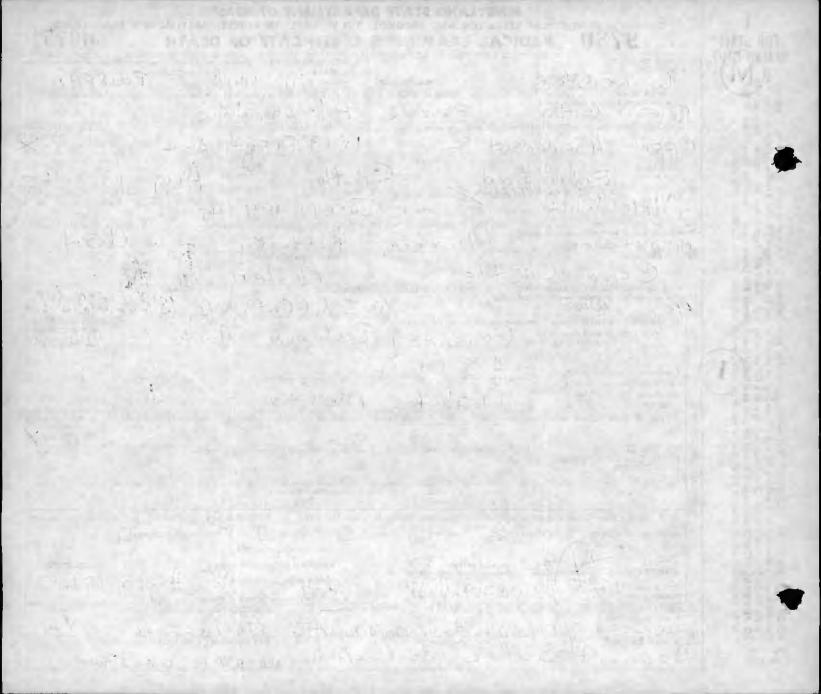
IO FUNERAL DIRECTOR: Page 3 should be used as a businerenity file pages 1 and 2 with the State Board of Medical or its designated agent, prior to burial, cremation, or permoval, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9781 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 19751

•	1. PLACE OF DEATH	Chi -) -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1	2. USUAL RESIDENCE (Where decee	sed lived, If institution: Res	idence before edmission)
	a. COUNTY	MARYLAND	a. STATE I. A CINTIA	b. COUNTY FA!	REAK /
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	CACITY OR TOWN (If outside corporate	a limits, write RURAL end c	rive neerest town)
	write RURAL end give nearestrown)	300000	Manage 10	0.	10-0
	d. NAME OF HOSPITAL OR INSTITUTION (if not in h		d. STREET ADDRESS	Q	a. IS RESIDENCE
	10 - 15		10.3 5 1	λ	ON A FARM?
	JERICE 450 MERSON	-)+	IVID FIFER	Ave	YES NO
	DECEASED / Edwin	! Middle	Last 4. DATE OF	∧ Month	Dey Year
	(Type or print) FOV WIAI A	1/	HSHE DEATH	HUCI (3 19 60
	5. SEX A / 6/COTOR OF RACE 7. MARE	NEVER MARRIED B		GE (In years UNDER 1 YE	
	MHE White WHOOV	VED DIVORCED	JUNE 17 1911 4	yrs. Months Da	ys Hours Min.
	Toa. USUAL OCCUPATION (Give kind of work tob.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country	1 12. CITIZE	N OF WHAT COUNTRY?
	DISPATCHER	Plumbins	Kontucke.	U	SA
	13. FATHER'S NAME	101111	14. MOTHER'S MAIDEN NAME		
	CONTA CAST	10	Boulsh	÷,	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	6. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
	(Yes, no, or unkown) (If yas give werer detas of service)	MA	341 1 C. SO (1)	1- 1913 FI	FSR AUS
	1/18. CAUSE OF DEATH [Enter only one cause pe	Allow to to the and to the	27 CO CHY WY	DI HIEXA	INTERVAL BETWEEN
	PART L DEATH WAS CAUSED BY:	D D = 00 A A C	Occlusion A	.1-	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	ORONARY	acciosion He	950,	12 LICUR
1	DUE TO A	80.1			
	Conditions, if any, which (b)	2 (01)			
/	gave rise to immediate cause (a), stating the underlying DUE TO	1 . 1 .	.01 11	1	
	causa lest. (c)	22+30616	1 Mellitus		
	PART II. OTHER SIGNIFICANT CONDITIONS	SATRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART I	e) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS—CT 20b. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. EXTERNAL CAUSE WAS				YES NO
	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO	RIBE HOW INJURY OCCURED. (F	ntar natura of injury In Part I or Part II of item	n 18.)	
	CAUSE OF DEATH.				
	3 20c. TIME OF INJURY Month, Dey, Yeer 20d		CE OF INJURY (Home, farm, 20f. (City or	lown) (County	(State)
	20c. TIME OF INJURY Month, Dey, Yeer 20c Wh Hour a.m. 19 at w	THE THE PARTY OF T	ory, street, offica bldg., atc.)		
	21. I certify that I took charge of the re		ld an Autopsy , Inspection	Inquiry . a	and in my opinion
	death resulted from: Natural causes	Accident . Suic		ermined manner	and in my opanon
u	dean (estined from: Training Causes)	The source		stilling maille	
	ACTUAL ALAMANA	The least	CHIEF MEDICAL EXAMINER		
	SIGNATURE	00000	M.D. ASSISTANT MEDICAL EXAMINER	1 1	DATE SIGNED
	EXAMINER'S TO TO COLON	SCHULLY.	DEPUTY MEDICAL EXAMINER	10513	1960
	NAME (Typa)	Too wall of centeres of	/ Address (Street, city, town, or coun		(et to
	22a, BURIAL, CREMATION, 22b, DATE THEREOF	22c. NAME OF CEMETERY OF	22d. LOCATION	(City, town, or country)	(Steta)
	BURIAL 18/17/60	HRUINGTO		NGTON	YA.
	23. FUNERAL DIRECTOR	ADDRESS 1	24a. REC'D BY REGISTRAR	246. REGISTRAR'S SIGN	NATURE
	Anna It- pull	ye perlu	DATE AUG 1 6 '60	arthur S.	Kraus



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VS A1S (4)

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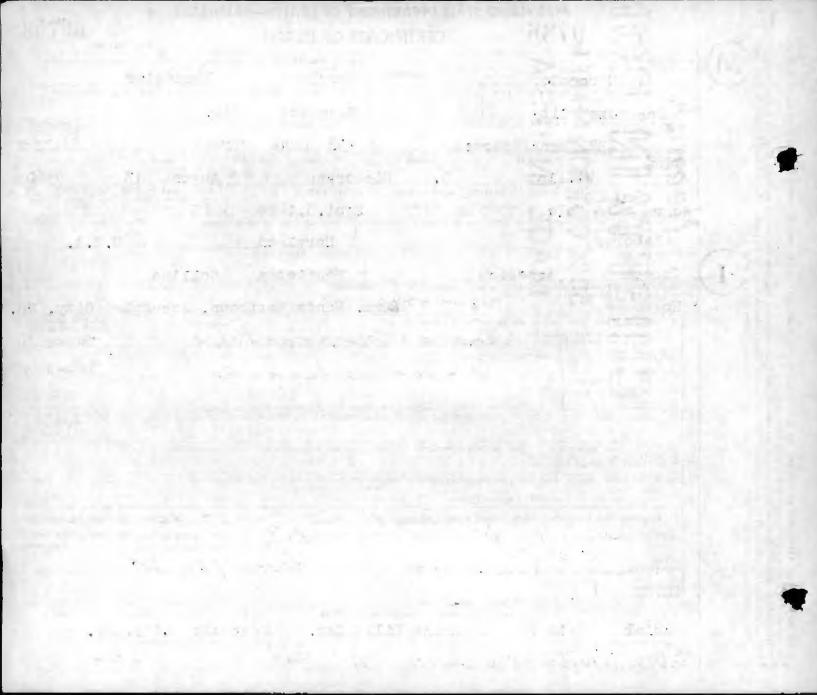
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

119752

9786 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Worcester MARYLAND Maryland Worcester b. CITY OR TOWN (If autside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest lown) C1 tv Pocomoke Pocomome City e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION Street YES NO THE Bank Rank Street 4. DATE OF DEATH NAME OF First Middle lost Manth Year Day DECEASED (Type or print) 1960 William B. Dickerson August. IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days DIVORCED [WIDOWED 13 yrs. Negro Male 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Laborer Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dickerson Joseph Henrietta Collins S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 77 ars. City. No Wanda Matthews Pocomoke 18. CAUSE OF DEATH [Enter only one cause per, line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) a. m While Nat while at wark of work ., 19 that I last saw the deceased 21. I certify that I attended the deceased fram. that death accurred at fram the causes and an the date stated abave. alive an ADDRESS (Street, city or town, state) **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) 22b. D'ATE THEREOF 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 6/60 Halls Pocomoke Buriar Cem 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** DATEUG 1 9 '60 Cirthay S. Kuns

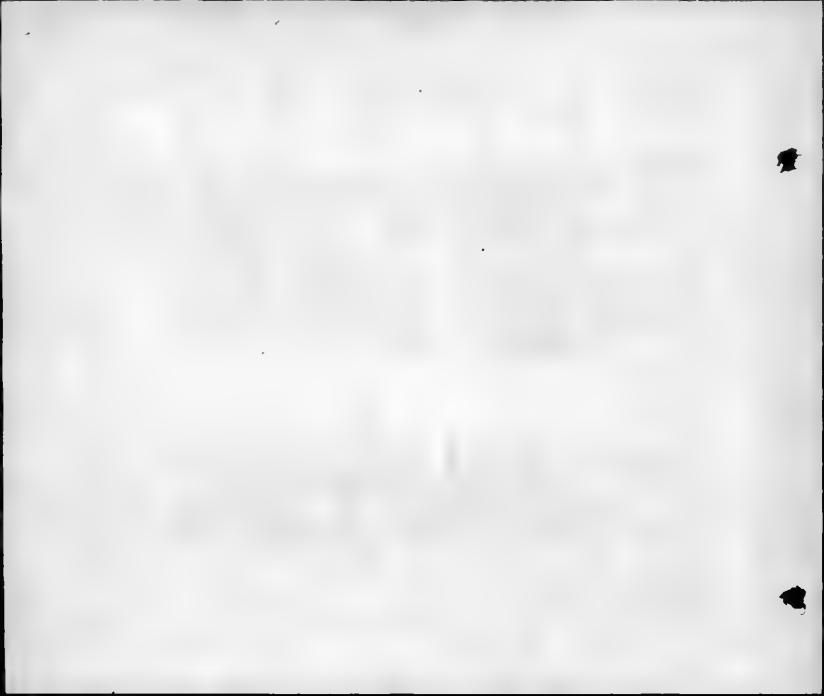


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1. PLACE OF DEATH O. COUNTY WARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY D. COUNTY D. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL ond give nearest town) WHALEY VILLE 60VRS.	WHALEVVILLE
d. NAME OF HOSPITAL (It not in hospitol, give street oddress) OR INSTITUTION	d STREET ADDRESS e. IS RESIDENCE ON A FARM' YES NO [
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) LAURA ELLEN	HALL DEATH AUG 28 196
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Draw Hours Min
WIDOWED DIVORCED	MIAX 25, 1880 80 yrs. Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRING Most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
HOUSE WIFE DWN HOME	WILLARDS U.SA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM GARRISON TRUITT	ELIZABETH BRADFORD
	NFORMANT Address
(Yes, no, or junknown) [If yes, give wor or dates of service] No M	RS. BETTY ELIST WHALEVYILLE M
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CANCINEMAC (1)	adeur Axlan Haccum Jule al
DUE TO	(aby still as Ing 18,1961)
Conditions, if ony, which)	(of analis one for the state of
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Couse (o), storing the under-	
, (-)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? YES NO!
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Sto
	ctory, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased fram.	much 187 today of death 19, that (1) (we) lo
saw the deceased alive an \$28 1960, and that a	death accurred at TAM, from the causes and on the date stated above
220. SIGNATURE	22b. DATE
Heart A teurs	M.D. PHYS. SIGN
22c, PHYSICIAN'S NAME (Type)	22d. ADDRESS
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	REEN BERLIN MID
24. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Ama A. Burtage Berlin >	nd. DATESTP 1 '60 arily S. Krous
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12.15

7		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
S G G	M	9778 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 19754
Please 4 should	VI	2. PLACE OF DEATH a. COUNTY O. STATE O. STATE D. COUNTY D. COU
Poge Poge		b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) ond give negrest fown) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown)
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your registror		3. NAME O? DECEASED (1ype or print) DEATH
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and 3 per retained 2 wi		100. USUAL OCCUPATION (GIVE kind of work done 10by KIND OF BUSINESS OR INDUSTRY 11/ BUEHPJACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Author 10by KIND OF BUSINESS OR INDUSTRY 11/ BUEHPJACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
es 1, 2, 5 may	(1	13. FATHER'S NAME LINES WAS MAIDEN WAME MARGARET Smill
hin 24 l ive Pog Page File po		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doller of service) (If yes, give wor or doller of service) (CAE)
nted wift 18. G m PM3. permit.		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
e execuin Item with for		Conditions, if any, which) as the alexander alleast and is the
hauld by pencil		gove rise to immediate couse (a), stating the underlying couse lost. (b) (c)
ficate s ling: in Office ed os o		MARTA, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?, YES NO PORTION OF THE PROPERTY OF T
his certi d'ipeno ominer's ld be us	V	200. EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED. (Enter noture of figury in Part II of item 18.) CAUSE OF DEATH.
INER: T the work ical Exc 3 shou		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, P. m. 19 at work a
A Med Med Poge		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that
CAL EX te, write CTOR:		death resulted from Natural causes . Accident . Suicide . Homicide . Undetermined cause .
VEDIG iffica o the DIRE		SIGNATURE DATE SIGNED DATE SIGNED
orded h	-day	EXAMINER'S NAME (Type) . = 87 07 135 S. DEPUTY MEDICAL EXAMINER . BY GE
Cote forw 10 FUI		220 B. BIAL CREMATION, 22b. DATE THEREOF 220 NAME OF CEMETERY OR EXEMATORY 22d LOCATION (City/form), or county) 120 DURI OF STORY 121 DURI OF STORY 122 NAME OF CEMETERY OR EXEMATORY 123 LOCATION (City/form), or county) 125 DURI OF STORY 126 DURI OF STORY 127 DURI OF STORY 128 DURI OF STORY 129 DURI OF STORY 120 DURI OF STORY
VS. A15ME(5)	0	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
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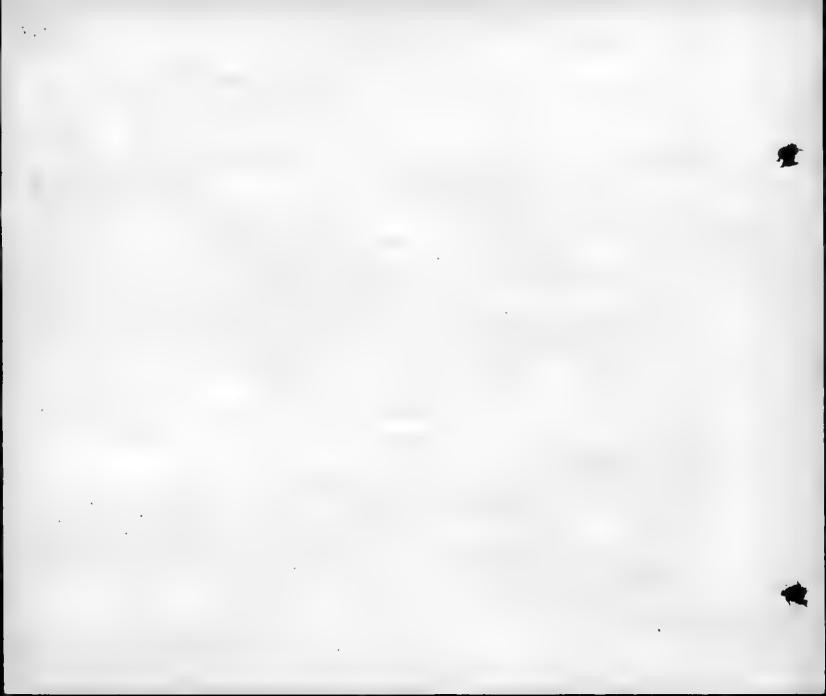
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

119755

		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	٢	O. COUNTY MARYLAND	MARYLAND 6. COUNTY WORCOSTOR
	t	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	-	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS
		OR INSTITUTION	MARYLAND AVG. ON A FARM?
	3 1	NAME OF First Middle	, Last 4 DATE Month Day Year
	-	OFCEASED (Type or print) TILLA VIA KINIA	OF DEATH ALLG 27 19 40
	5 5		DATE OF BIRTH 9 AGE (IN years IF UNDER 1 YEAR IF UNDER 24 HRS
		WIDOWED M' DIVORCED	No. 17 1880 Ost birthdoy) Months Days Hours Min.
	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI	110411111111111111111111111111111111111
		during most of working life, even if retired) HA () SEWIFE DYN HUMB	BERLIN MD U.SA.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		JEARSE JONES	ELISIA HOLLAND
		no. ar unknown) (If yes, give war of dates of service)	ORMANT Address FLORENCE COFFIN BERLIN MO
		18 CAUSE OF DEATH [Enter only one coust per line for (o), (b), and (c)]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY	ONDET AND DEATH
		IMMEDIATE CAUSE (o) DUE TO	mire part 1 & Train
		Conditions, it ony, which) (b) He sherre land	and the Kedner a Breeze
		gove rise to immediate	
		couse (o), stoting the under. Tying couse lost, (c)	+ Carleren
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	TOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
No.	CATION	tweetend or him am 1	960- Successfull handa YES NO ME
	CERTIFI	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port4 or Port II of ffem 18.)
	₹		CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
	MEDICAL	Hour o. m. p. m. 19 While Not while of work of work	A street, office bldg , etc.)
		21 I certify that (I) (this hospital) attended the deceased fram	2 1947 to ay 22 , 1960 that (1) (we) lost
			ath accurred at 10 M, from the causes and on the dote stated above.
		220 SIGNATURE	ATTENDING MED STAFF
		20 PHYSICIAN'S	D PHYS DIRECTOR PHYS D
		NAME (Type)	22d. ADDRESS Bevleir, 2000
	2 30	BUR AL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR-	CREMATORY 23d LOCATION (City, town, or county) (State)
		RUALAL 8/30 60 EVERGA	CEEN BERLIN MP
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
		Ama A. Durbyz Gerlin	- 1 Rd DATE SEP 1 '60 ariling & King
	-	17	



Pocomoke

24b REGISTRAR'S SIGNATURE

Cirching & Turne

24a, REC'D BY REGISTRAR

DATE AUG 8

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director, filed with

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NAME OF

No

ACTUAL

PUNERAL DIRECTOR'S SIGNATURE

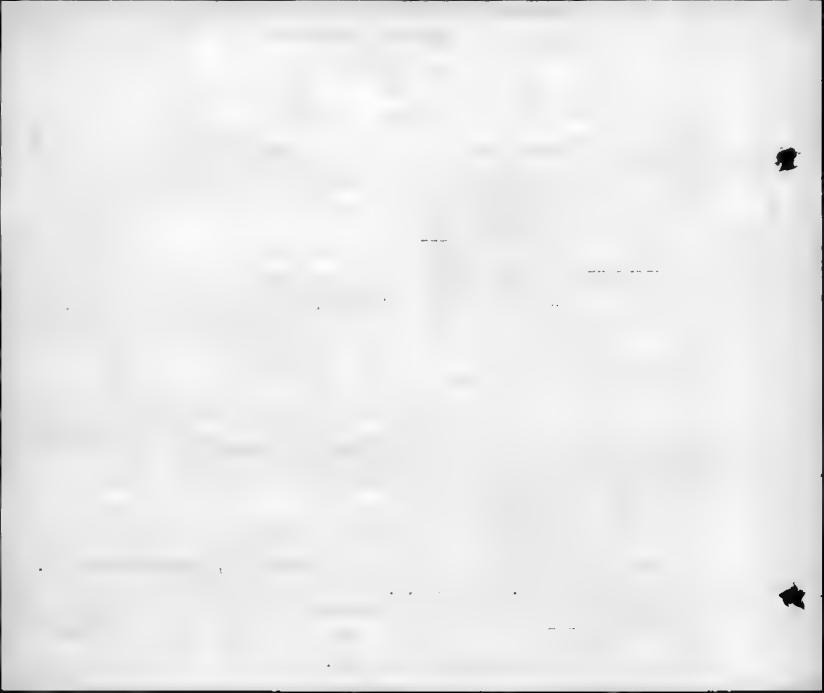
ADDRESS

Pocomoke City, Md.

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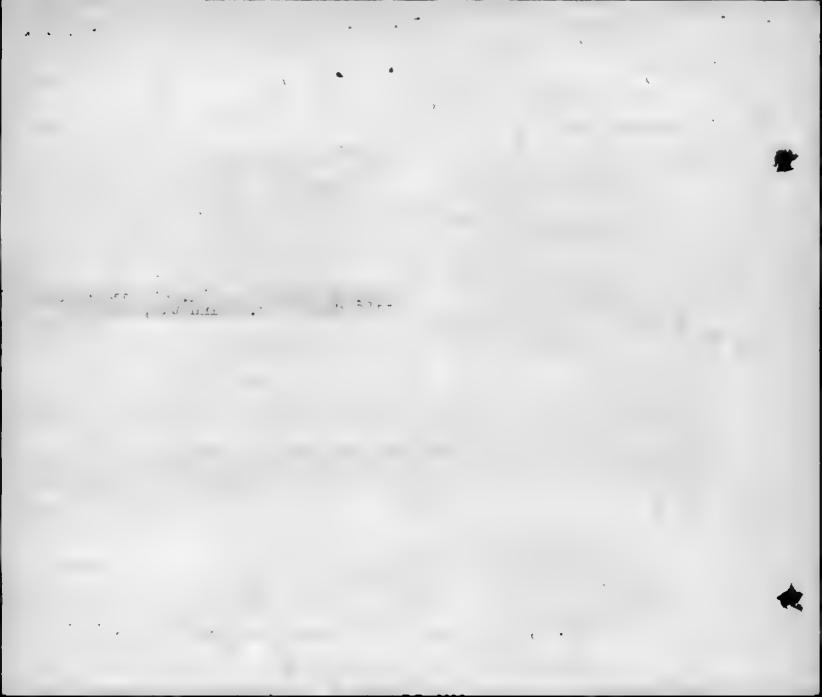
DECEASED

VS A15 [4] 15M 10/57



Division. **BALTIMORE 1. MARYLAND** PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) Page e. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) director. write RURAL and give nearest town S RESIDENCE ON A FARM? YES NO NAME OF Middle DECEASED OF DEATH 60 19 6. COLOR OR RACE 7. MARRIED With 5. SEX DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS NEVER MARRIED 5 n. and 2 w. lest birthday) Months Days Hours WIDOWED IX DIVORCED 10e. USUAL OCCUPATION (Give kind of work KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dame during most of working life, even if retired) pages P.M3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO M.Whitehead(Daughter (Yes, no, or unknwn) (if yes give wer or detes of service) Winnetka, Illinois 1B! CAUSE OF DEATH [Enter only one cause por line for (a), (b), and (c).] Office along v PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) edema. acute **DUE TO** Conditions, if any, which antrum & ventricle, acute (b) gave rise to immediate cause DUE TO (a), steting the underlying coronary with sub total occlusion Arteriosclerosis. cause lest. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 Obesity NO 70 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of Item 18.) 2De. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or fown) Month, Day, Year (County) the Ch factory, street, office bldg., etc.) While Not While at work et work execute the certificate, forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE EXAMINER'S Address (Street cy, NAME (Type) 9989 226. BUR, AL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) DE REMOVAL (Specify) 40 9 Arlington National Cemetery-Arlington, Virginia OI Burial Ω 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME which I . Throws HOLLOWAY & COMPANY DATALIS 29 SALISBURY MARYLAND 5M 7/59

16



09758

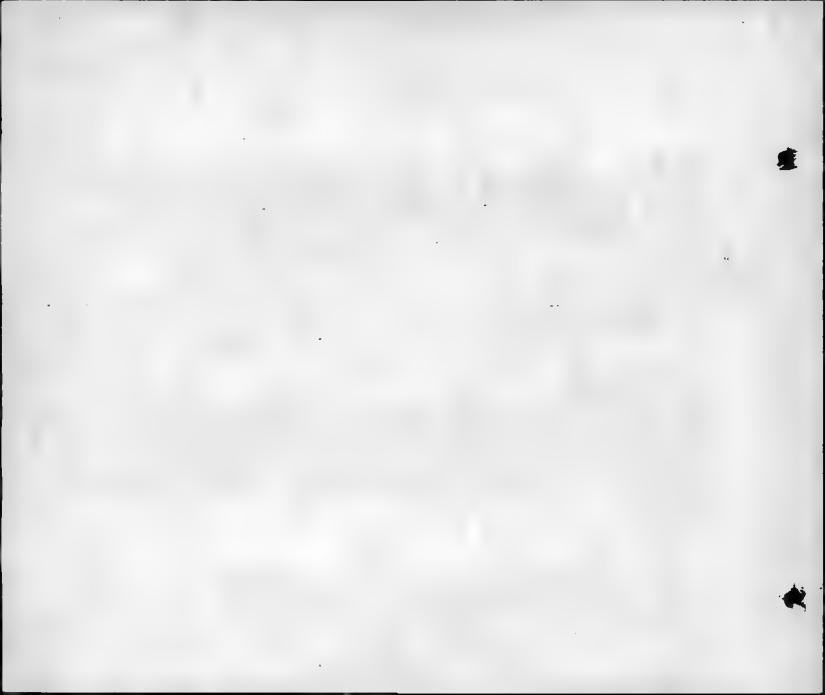
Certimor S. Krous

9731) MEDICAL EXAMINER 3					CERTI	ICAI		DEATI	Reg. Dis	l. No.		
1. PLACE OF DEATH O. COUNTY WORCESTER MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Virginia b. COUNTY Accomack								
b. CITY OR	TOWN (IF	outside corporate limits, wri	e RURAL	c. LENGTH OF STAY	1N 16	c. CITY OR	TOWN (If o	outside corp	orote limits, v	rite RURAL and (ive negrest	lown)
erre a	ckt			10 day	S		New C	Churc	h			
d. NAME O	F HOSPITA	OR INSTITUTION	if not in hos	pitol, give street oddres	15)	d. STREET	ADDRESS				E C	RESIDENCE
3. NAME OF DECEASED (Type or pri	ni)	BET!		COLLINS	3	NELS		OF DEATH	Augu	st :	Doy 14	Year 19 60
5 SEX		6. COLOR OR RACE	7. MARRI	D NEVER MARRIE	D 🔲 8.	DATE OF BIRTS	1		9. AGE (In year			NDER 24 HRS
Female		White	WIDOWE			April	4, 18	375	85	yrs, Months D	ays Hou	ns Min.
10a. USUAL O	CCUPATIO	N (Give kind of work	done 10b. I	CIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPL	ACE (Slote o	r foreign co	unfry)	12. CITIZI	EN OF WH	AT COUNTRY
House	ewif	e					Mary]	Land			USA	
13. FATHER'S I	NAME					14. MOTHER'S	MAIDEN NA	AME				
James	s He	nry Coll:	ins				Leah	Elea	nor F	ayne		
15. WAS DECE Yes, no, or unkno-	ASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO.		FORMANT			Add			1.13
No				None	M1	ss Lec	na M.	. Col	lins,	Stock	ton,	Md.
gove rise	ns, if on to immeding the u	DUE TO by, which lote couse and analysing out to the couse and analysing out to the couse and the co	a	arteri	6	che	any.	(tr	re be	17C.,	lin:	cert
8	mac	mate	Ma	They was	. 4	T RELATED TO	Palet.	Tim		GIVEN IN PART		FORMED?
	or CON	SE WAS ITRIBUTING []	05. DESCRIB	E HOW INJURY OCCUI	RRED. (Er	ter noture of in	ijury in Port i	or Port II o	of item 18.)			
20c. TIME Hour		Y Month, Day, Ye	White		Oe. PLAC	E OF INJURY (I	Home, form, bldg., etc.)	20f. (City	or town)	(Coun	ly)	(Slote)
21. I ce	rtify th	at I toak charg	of the i	emains describe	d abay	e, held an	Autopsy	, In	spection	-Inquiry	[], an	d find the
death r	1	from: Natural	causes [Accident \	Suic	M.D. CHIEF A	MEDICAL EXA	MINER [d cause [].	DAT	T SIGNED
EXAMINE NAME (T)		N. E. S.	ARTOR	RIUS, SR.			MEDICAL EX			0/	14	60
Buri	(Specify)	8-17-6		Nelson C		tery	F	Rural	-New	on, or county) Church	Vir	ginia
22 CHARDAL P	NECTANI	C ELPS NAT. USE		ADDRESS			DAG DECTO	DV DCCHETE	AD 1945 D	SCHETPAPIE CICIA	LATLIDE	

GHWalson/ Pocomoke City, Md. DATE AUG 17'60

10 DEX ** MIDICAL EXAMMER: This certificate should be emptuded within some after death. If any deligy is necessary, please executed the certificate, writing the ward "pending" in pentil in Item 18. Give Pagm 1, 2, and 3 to the function frector. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your ries.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cromatian, ar remayal. VS. A15ME(5) SM 9/55



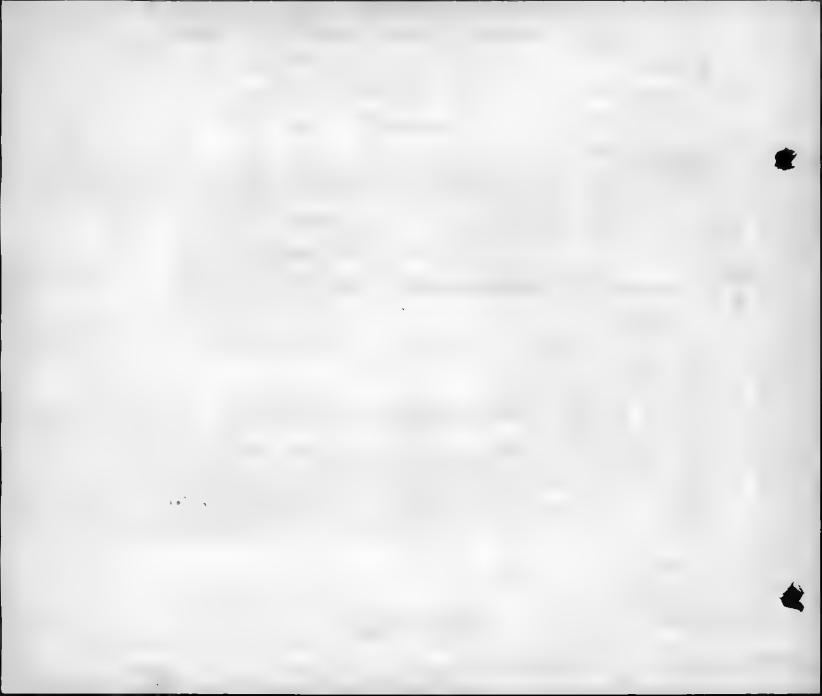
VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9782 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09759

Reg. Dist. No.

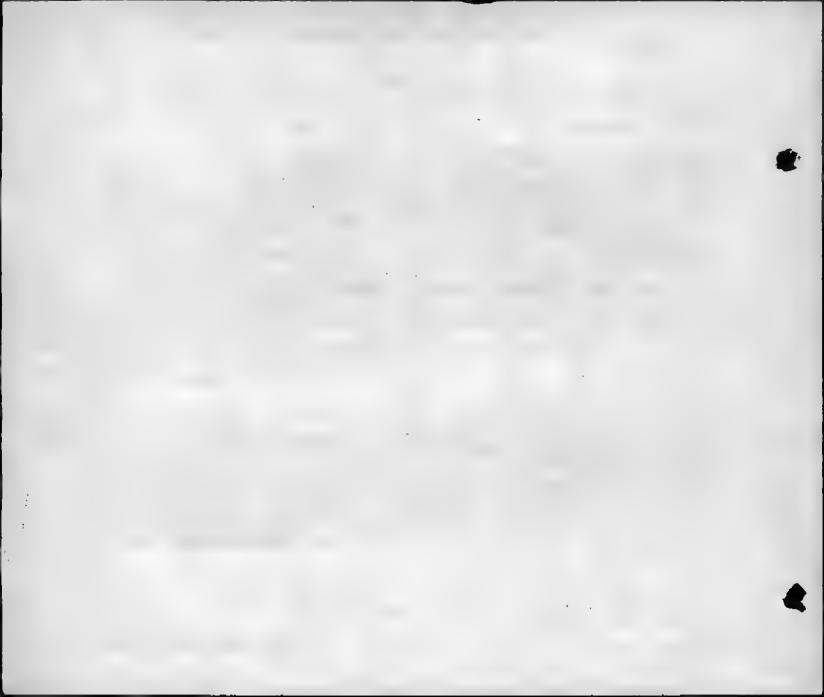
			Keg, Dist. Ite.	
A		PLACE OF DEATH Worcester MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admissing. STATE b. COUNTY	on)
	Ь	c. CITY OR JOWN (If ourside corporate limits, write BURAL end guid nearest town) CLEAN TO	c. CITY OR TOWN (If autide corporate limits, write RURA) and give nearest town	is).
	•	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS ON A YES	FARM?
		NAME OF DECEASED (Type or print) Evgene Emily	Prizoc 4. DATE OF Month Doy Year	60
	5. S	6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED		24 HRS. Ain.
	10a d	USUAL OCCUPATION (Give kind of work dane 100 AIND OF BUSINESS OR INDUSTRI Juringanish of working life, even if retired)	STRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT CO	OUNTRY?
	13.	FATHER'S NAME (achter & Pryor	14. MOTHER'S MAIDEN NAME Prizor	
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	My Bulone Japlon Ma	{
		B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which) (b)	2 Siege Parling Distraction of March	Les-
		gave rise to immediate couse (a), stating the underlying couse tast. (c)	disease	
	CERTIFICATION	workered teles should dan		TOPSY NEDA
		200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Enter nature of injury in Part I or Part II of item 18.]	
	MEDICAL	20c. TIME OF INJURY Month Day, Year 20d. INJURY OCCURRED 20e. PLAC While Not while factor p. m. 8 / 1960 of work at work 2	ACE OF INJURY (Home, form, 20f. (City or town) (County) (ory, street, office bldg., etc.)	(Store)
		21. I certify that I took charge of the remains described above death resulted from: Natural couses . Accident . Suice		nd that
		ACTUAL SIGNATURE L. C. Sostorus or	M.D. CHIEF MEDICAL EXAMINER [NED
		EXAMINER'S NAME (Type) N. E. Saytorius	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D O DEPUTY MEDICAL EXAMINER D O O O O O O O O O O O O O	50
).	BURIAL CREMATION, 22b. DATE THEREOF STANDAY OF CEMETERY, OR C.		1.
1	23.	funeral director's signature 13 28 Sulphur Spring	Kel. DATE AUG 8 160 Carling 2. Kinus	



10 D; WEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any Jelby is necessary, please executed exertificate, writing the ward "pending" in pencil in item 18. Give Page 1, 2, and | = the function of frector. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your ries.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, gremotian, ar remayal. VS. A15ME(5) 5M 9/55

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18				
MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1976)					
_	Reg. Dist. No.				
1. !	PLACE OF DEATH 2. USUAL RESIDENCE TO THE desposed lived. If Institution, Residence before admission) 5. COUNTY 6. COUNTY 6. COUNTY 6. COUNTY 7. ARYLAND				
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1	bed give negatial town) C. LENGTH OF STAY IN 1b C. CITY OF TOWN (If authide carporote lifting, write RURAL adj) give mearest town)				
(S NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street oddress) d. STREET ADDRESS e. IS RES DENCE ON A FARM? YES NO				
3.	NAME OF 7 First / Middle (JT) Hann : 4. DATE Month Driv Year				
	(Type or print) / farbuson / Tickman trule DEATH 8 75 1960				
5. 8	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH Male Whole Widowed Divorced Divorced 18. Date Of Birth Will Wild Divorced				
100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of Totaling life, even if retired) 12. CITIZEN OF WHAT COUNTRY?				
13.	FATHER'S NAME AND PROBLEM SHAPEN NAME Rickards				
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. MERCHANT				
(189	no, or uninding (If you give wer or dates of services of services of the thought of the company that the company the services of the company that the company the company that t				
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]				
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)				
	Conditions, if any, which by Commany Occhescom Sinden				
	gove rise to immediate couse (a), stating the underlying DUE TO				
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY				
CATIC	Etrecity - 4 Negious Sange tot 2000 YES 1 NO DE				
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Port It of item 18.) CAUSE OF DEATH.				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City ar town) - (County) (Stote) Haur a. m. 19 of work of wo				
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that				
	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .				
	SIGNATURE . CHIEF MEDICAL EXAMINER DATE SIGNED				
	EXAMINER'S NAME (Type) ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEP				
220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. 10CATION (City, lown, or county) (Stote)				
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE AUG 2 9 DOR DATE				
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1	0	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
ion,	P	9783 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 19761
4 shoul	M	1. PLACE OF DEATH a. COUNTY: WORCESTER MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY TREBERICK
Pogs Pogs		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CROCK CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CROCK CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
rector des.	X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 4 Somerset Uellow Spaings No Ses No December 1 No December 2 No December
fune r your r	4	3. NAME OF DECEASED (Type or print) HAROLD ETICUARD STATE OF DEATH AUG 25 19 (*) OF
to the sith the		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. Mynothe Days Hours Min. Mynothe Days Hours Min. Mynothe Days My
2, ond 3	(100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Office (Spring Md) 12. CITIZEN OF WHAT COUNTRY?
oges 1, ge 5 mo pages 1		CHARLE STATEY LENORE STONE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 117. INFORMANT) Address
Give P.		18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]
form PA		PART I. DEATH WAS CAUSED BY: HAMMEDIATE CAUSE (a) CORONARY DECLESION ACUTE TONSET AND DEATH TONSET
neil in li		Conditions, if only, which of CORONARY ANTERY DISCOSE TYPERS.
e olor		couse last. (c)
ading" 's Office	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
xominer xominer		206. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. ICity or town). (Caunty) (State)
g the we edical E		Haur a.m., p. m. 19 Of work of
Chief M	-	21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and find that death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .
to the DIREC	. 1	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER AJG 25, 196
orworded FUNERA	d d	NAME (Type) PANCIS JOWNSOND NOEPUTY MEDICAL EXAMINER [] WORCESTER Co.
fort of Fort	ò	Bright 8/29/60 mt. Oliver Fredrick mil
S. A15ME(5 5M 9/55	5)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE AUG 3 0 '60 246. REGISTRAR'S SIGNATURE CITIENT S. NEWSON STATES SIGNATURE DATE AUG 3 0 '60

The state of the s

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9784 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09762

	Itams 5 6 Fil	1mC269 8-17-60 at Reg. Dist. No.
V	1. PLACE OF DEATH WORCESER MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY () (COMICO)
	b. CITY OR TOWN IN owhide corporate limits, write RURAL C. LENGTH OF STAY IN 16 C. LENGTH OF STAY IN 16 15 MINURS	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 5 A (1960/4, MC)
7	d. MIME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 1344 AL WORCES FER SL	806 EAST Road C. IS RESIDENT
	3. NAME OF OECEASED (Type or print) //2//12 B/4 (2)	RIGHT DEATH AUS 5 1960
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. Female Negro WIDOWED DIVORCED	MARY 1925 35 yrs. Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTR during most of working life, even if refine)	11. BIRTHPLACE (Stole or foreign-country) 12. CITIZEN OF WHAT COUNT
	13. FATHER'S NAME HARRY FURNISS	14. MOTHER'S MAIDEN NAME BURRN PARSONS
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) Iff yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. IN	WEBAND - HARRY MURIGHT SALIZBUR
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	NOINS AUTOPSY
	Canditions, if any, which gove rise to immediate cause	mule
1	(a), stating the underlying DUE TO (c)	
4	CATIO	OT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(0) 17. WAS AUTOPS PERFORMED? YES YES NO
	CAUSE OF DEATH. WAVE LOUT IN WAR	R- Fell IN OVER HEAL- COULD NOT SUN
3	TO THE SAME IS CO. IN TAIL . A COLUMN . A CO	E OF INJURY (Home, form, 20f. (City or town) (County) (State ry, street, office bldg., etc.) OCEON City WOR Mc
	21. I certify that I took charge of the remains described above death resulted from: Natural causes . Accident . Suice	ve, held on Autopsy 🔀, Inspection 🔲, Inquiry 📄, ond find the cide 🔲, Homicide 🔲, Undetermined couse 🔲.
	ACTUAL SIGNATURE	M.D. CHIEF MEDICAL EXAMINER TO ASSISTANT MEDICAL EXAMINER TO
	EXAMINER'S FRANCIS J TOWNSEND E	AS DEPUTY MEDICAL EXAMINER TO
1	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	cres Salisly gyd.
1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS (Lintan F. Stewart Aslandy On	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DANIE 1 2 '60 CHILLY 2. THE PROPERTY OF TH

